## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 05, 2001 8:00 am Secretary of State **DOCUMENT # P96000010699** 1. Entity Name THE LEE COUNTY EXAMINER, INC. 04-05-2001 90084 019 \*\*\*150.00 Principal Place of Business Mailing Address 72 PONDELLA ROAD 72 PONDELLA ROAD NORTH FORT MYERS FL 33903 NORTH FORT MYERS FL 33903 3. Mailing Address 2. Principal Place of Business Suite, Apt,#, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0644352 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LIEDTKE, CHARLES H Street Address (P.O. Box Number is Not Acceptable) 72 PONDELLA ROAD NORTH FORT MYERS FL 33903 Zip Code City purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity subm SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE LIEDTKE, CHARLES H NAME STREET ADDRESS 72 PONDELLA ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NORTH FORT MYERS FL 33903 TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

H Lind Hun 04-02-01 SIGNATURE: TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, provided by the provided of the